MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-005308
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 166

FILED FEB 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117		
3	2		
4	1		
5	1		
6			
7	0		
8	2		
9	147X		
10			
11			
12	92-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: d/o/a/ Methodist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6717 Mack St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ethel Middle Georgia Last Eggleston

4. DATE OF DEATH: Month February Day 9 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov. 15, 1906

9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Williams

13b. MOTHER'S MAIDEN NAME: Hattie Burris

14. NAME OF HUSBAND OR WIFE: Joseph Eggleston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Joseph Eggleston 6717 Mack St.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive upper gastrointestinal hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Epidermoid carcinoma of the hypopharynx, with metastases to the regional lymph nodes. — 1 year.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

CERTIFICATION

21. I attended the deceased from 4/12/62 to 2/9/63 and last saw her alive on 1/10/63

Death occurred at 4:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John R. McDaniel M.D.

22b. ADDRESS: 902 Edmond Street, St. Joseph, Missouri

22c. DATE SIGNED: 2/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 11, 1963

23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home St. Joseph Mo.

25. DATE RECD. BY LOCAL REG.: Feb. 13, 1963

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ewa A Clark

Signature of Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.